

**New Jersey Department of Health and Senior Services
Consumer and Environmental Health Services
Food and Drug Safety Program
P.O. Box 369
Trenton, NJ 08625-0369
Telephone: 609-588-3123 Fax: 609-588-3135**

APPLICATION FOR CERTIFICATE OF FREE SALE (CFS)

FOR STATE USE ONLY

Check/MO No. _____

Amount
Tendered \$ _____

Processor _____

Date Rec'd _____

Name of Company	NJDHSS License or Registration Number
Street Address	Telephone Number ()
City State Zip Code	Email Address

Is product listed on Certificate of Free Sale under embargo, seizure or other restraint?

☐ Yes ☐ No

If yes, please explain. (Attach additional sheet, if necessary.)

The following information must be included on the Certificate of Free Sale (CFS) Form:

- 1.) NJDHSS License or Registration Number.
- 2.) Current date of inspection by the New Jersey Department of Health and Senior Services or the U.S. Food and Drug Administration (in the case of a Drug Company).
- 3.) Type of establishment: Food, Drug or Cosmetic establishment.
- 4.) Name under which establishment is licensed.
- 5.) Location of licensed establishment where products are manufactured or distributed.
- 6.) List of products to be certified.
- 7.) Signature and notarization will be completed by the New Jersey Department of Health and Senior Services.

Number of Certificates Requested	Number of Products Per Certificate	Multiply by This Fee	Total
	CFS (3 or less items)	\$50.00	\$
	CFS (4 through 9 items)	\$75.00	\$
	CFS (10 through 25 items)	\$100.00	\$
	G.M.P. Certificate	\$50.00	\$
	CFS that Attests to the Sanitation	\$50.00	\$
	→ Total Number of CFS Enclosed	Grand Total®	\$

IMPORTANT: Enclose a separate check for the above Grand Total, made payable to the "NJDHSS." Any other checks such as to the NJ State Treasurer or the Mercer County Clerk must be separate checks.

Mail completed application form along with check, to the address given above.

Name of Applicant	Title	
Signature	Date	Telephone Number ()